

### Proposed Sites To Conduct the Recreation Use Survey

Email to [Hal\\_Hallett@blm.gov](mailto:Hal_Hallett@blm.gov). Call Hal with questions at (202) 452-7794.

State:

State Recreation Lead:

Phone No.:

Email:

FY 01 and FY 02. List 4-6 sites from highest to lowest priority, in terms of your State needs, together with meeting the National Criteria.

Site Name	Site-specific questions will be developed. Y/N
1.	
2.	
3.	
4.	
5.	
6.	

For each of the sites listed, attach a completed version of the Site Profile, on the next page.

## Site Profile -- FY 2001 Recreation Use Survey (ver. 0227)

Name of person completing this form: \_\_\_\_\_ Phone # \_\_\_\_\_

This profile is to be filled out and returned, along with the list of proposed sites, via email to [Hal\\_Hallett@blm.gov](mailto:Hal_Hallett@blm.gov).

1. What type of site is this? (check one) ☐ Recreational Fee Demonstration Project Site  
☐ Fee site ☐ Other site

2.a. Name of Site: \_\_\_\_\_ b. State that Manages Site: \_\_\_\_\_

3.a. Planned Season Survey Administered: \_\_\_\_\_ b..Planned Dates Survey Administered: \_\_\_\_\_

4. Please specify (or attach) all fee schedules.

5. What type of site is this? ☐ Wilderness ☐ LTVA ☐ Camping ☐ Multiple Use

6. Site Activities:

a. Primary Activity: \_\_\_\_\_  
b. Other Activities: \_\_\_\_\_

7. Seasons of Use: (check all that apply) ☐ Spring ☐ Summer ☐ Fall ☐ Winter

8. Unusual environmental circumstances which may effect, user attitudes, or survey responses:

9. Manager rating of overall condition of site:

**How do you rate the overall quality of this site, considering all of the following factors: supporting recreation use; condition of facilities; recreation information; staff service; and interpretation/environmental education? (circle one)**

**Very Poor**

**Excellent**

1	2	3	4	5	6	7
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10a. Most Recent Facility Inventory Maintenance Management

System (FIMMS) Rating: \_\_\_\_\_ b. Date of Rating: \_\_\_\_\_

11a. Is the site accessible to people with disabilities?: \_\_\_\_\_

11b. Date last accessibility evaluation completed: \_\_\_\_\_